

TOWARD HIV EPIDEMIC CONTROL: LESSONS FROM RESEARCH TO PRACTICE

REACHING MEN AND YOUTH (ADOLESCENTS/AGYW)

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CONTRIBUTING FACTORS TO THE FAILURES OF THE CURRENT HIV PROGRAMMES

- South Africa is the number one unequal society in the world
- Sky rocketing levels of unemployment amongst youth
- Broken health system affects ART initiation and roll-out of other services
- Comorbidities such as cardiovascular diseases, diabetes and other chronic diseases
- Enough resources to respond to HIV but poorly coordinated
- Target driven programming compromises quality and lacks ubuntu



CONTRIBUTING FACTORS CONTINUES...

- Deaths are due to undiagnosed HIV; late diagnosis; treatment failure or loss to follow up
- Drug stock outs and stock in not out
- 60% of people currently hospitalized were previously on ART
- TB claims at least 80% of people living with HIV, mostly men

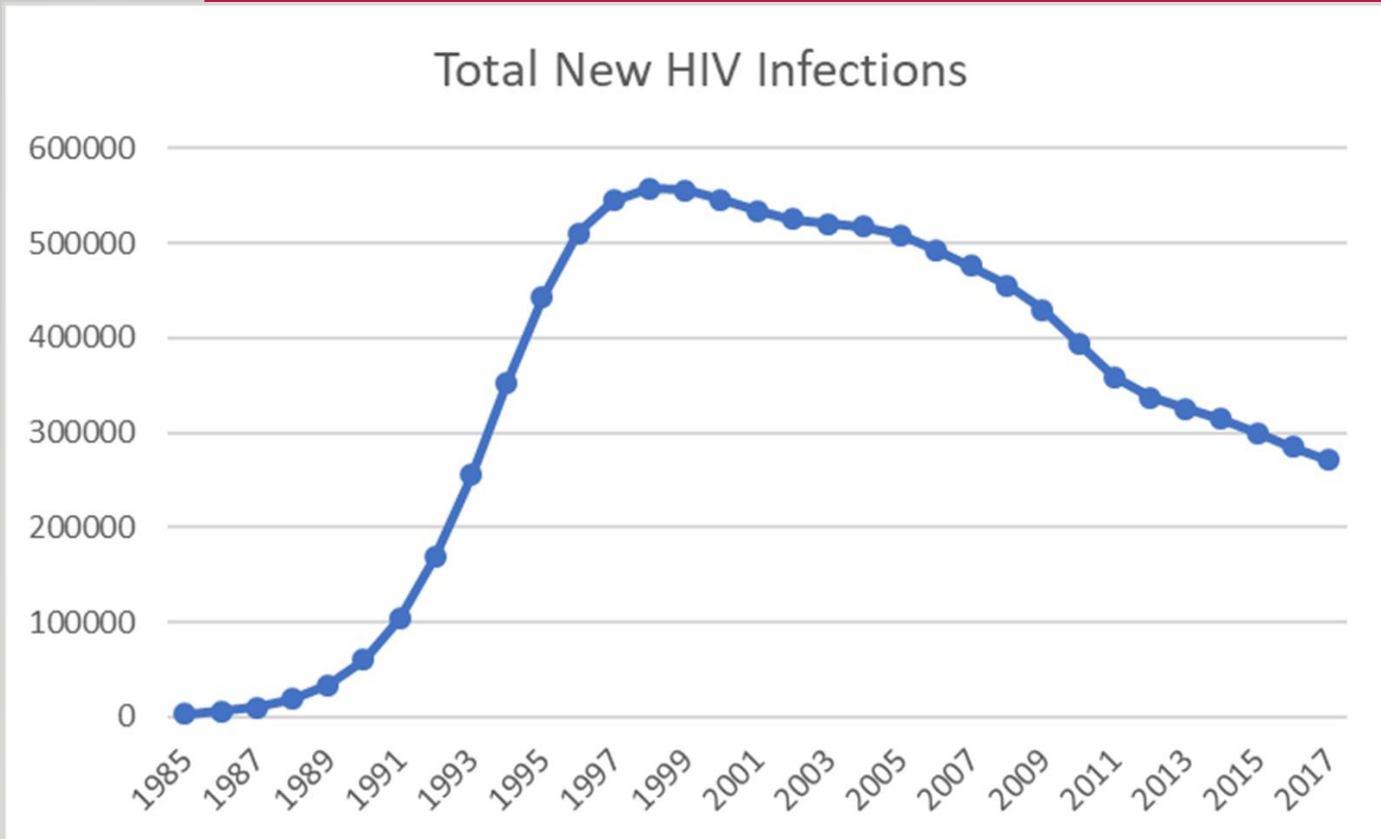
HIV EPIDEMIC CONTROL

Year	PLHIV (millions)	Annual Deaths	Cumulative Deaths	New Infections (thousands)
1998	2.36	84000	158 000	577 (peak)
2017	7.33 (7.9)*	89 000	3 473 338	271

Source: Thembisa Version 4.1

* SABSSM 5 2018

HISTORY OF HIV INFECTIONS

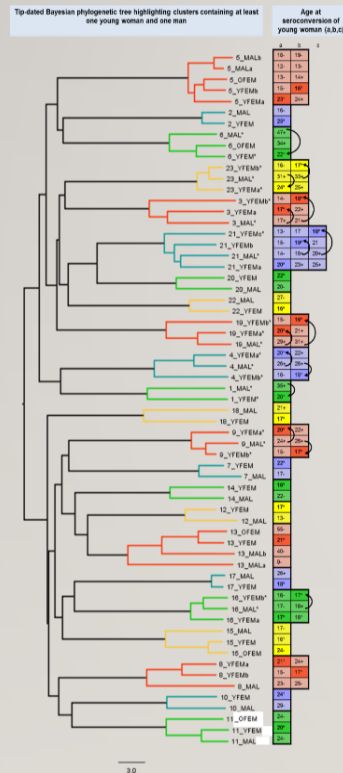


- 577 000 HIV new infections in 1998
- New infections have declined by more than 50% since 1998
- 100 000 new infections occurred in young women in 2017

INFECTION PATHWAY

AFRICA CENTRE IDENTIFIED PHYLOGENETICALLY LINKED HIV TRANSMISSION NETWORKS IN HLABISA

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Very young women acquire HIV from men, on average, 8 years older

High HIV incidence men
mean age 27 years (range 23-35 years)



Men and women > 24 years usually acquire HIV from similarly aged partners



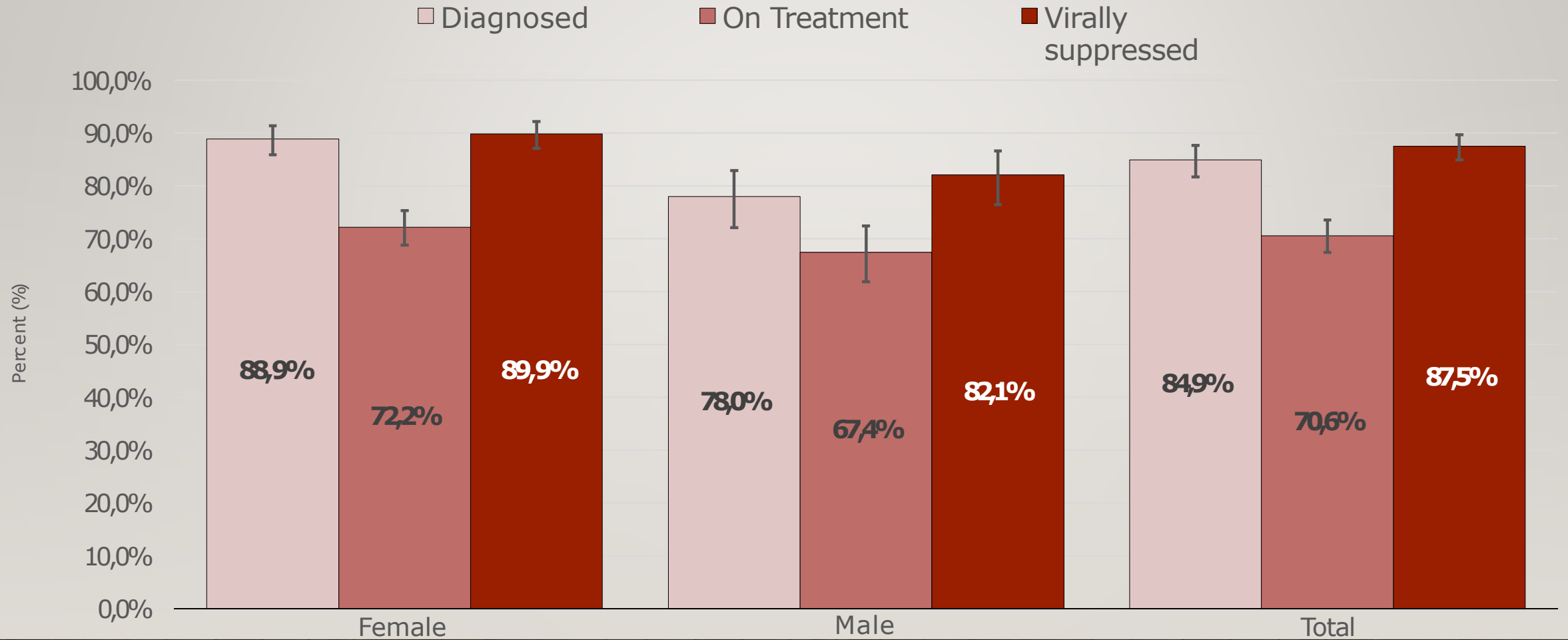
High HIV risk women
Mean age 18 years (range 16-23 years)

When teen women reach mid-20s they continue the cycle

High HIV prevalence women
Mean age 26 years (range 24-29 years)

Source: Dellar R, Tanser F, Abdool Karim Q, et al. Manuscript in preparation

HSRC data showed 2nd 90 is our biggest challenge



REACHING MEN

- Emotional sensitivity of men and internal stigma prevents men from accessing health services
- Most men are bread winners therefore they prioritize income before their health
- Staff attitudes also drive men out of health care facilities
- Lack of mentorship programs for young men
- Current men structures have been stigmatized we need to explore neutral spaces and organize differently



REACHING MEN CONTINUES....

- Men believe in structures therefore we should invest in establishing more men structures such as isibaya samadoda and other spaces out side of HIV structures
- Resolutions from the Men's parliament in October 2018, include:
 - proposed happy hour services for men in and out of health facilities;
 - issues of GBV in communities;
 - we need to mobilize men for men's health;**
 - holistic approach looking at men's programmes, not single issue driven campaigns

Possible avenues of reaching men

- Takuwani Riime ('let us stand up together'), has been an organizing force behind man spaces.
- Organized men's national and provincial parliament gatherings.
- This initiative have been launched by Deputy President DD Mabuza in 2018, during the men's parliament gathering in Cape Town.
- All districts and local Municipalities are mandated to facilitate men's parliament gatherings
- Main aim of the men's parliamentary gatherings is depoliticizing and destigmatizing men's spaces
- Private public partnerships are necessary e.g. Anglo American in partnership with Takuwani Riime educated and tested more than 3500 men in May 2019, in North West

REACHING YOUTH AND AGYW

- Woman centered approaches to realize comprehensive sexual and reproductive health right for young women
- Demonizing and antagonizing ‘blessers’ will not yield expected results
- Young people want inclusive and meaningful consultation on policy development regarding their issues
- Review impact of interventions that target adolescent girls and young women (Zazi, Dreams, SheConquers, etc)
- Great innovative initiatives such as youth friendly health care services, happy hour, Fastrack young people, Chill zone.
- Invest in youth to lead and facilitate these youth initiatives interventions and also invest on youth lead organizations, nothing about us without us

REACHING YOUTH

- Substance abuse remains a big problem and the leading cause for young people to default on treatment
- No one size fit all point of care, let young people have choices where and when to collect treatment
- Peer to peer lead psychosocial support
- Strengthening of high education based programmes i.e. holistic approach intervention (First thing first, graduate alive)
- Youth clubs school based programmes lead by young people
- Intervention for 14 to 24 years of age its late – focus should be as early as 9 years of age

REACHING YOUTH

- Biomedical interventions are great but our problems are beyond that
- Invest on behavioral change (not enough investment)
- People centered approach (people are not numbers)
- Our language is missing target groups (scientific language) leaving people behind
- Proper implementation of comprehensive sexuality education in schools
- Non-judgemental HIV messaging (sex positive)
- Comprehensive package of care for HIV negative people (leaving no one behind)
- Lack of social marketing of women centered HIV prevention tools (PrEP, Female condoms, PEP)



Thank You

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